

MULTIPLE DEPEN.  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/576834

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
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11								61					
12								62					
13								63					
14								64					
15								65					
16			1					66					
17			1					67					
18			1					68					
19			1					69					
20			1					70					
21			1					71					
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24			1					74					
25			1					75					
26			1					76					
27			1					77					
28			1					78					
29			1					79					
30			1					80					
31								81					
32								82					
33								83					
34								84					
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37								87					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.					4								
TOTAL DEP.					11								
TOTAL CLAIMS					15								